FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA 39.011 SEC 102			OMB Approval Page of No. 1 1 1	
3. Recipient Organi	zation (Name and complete a	address, including ZiP code)			pages	
		Steuben Street, Albany,	NY 12207			
4. Employer Identification Number 5. Recipient Account Numb			er or Identifying Number	6. Final Report ☐ Yes ☑ No	7. Basis Z Cash	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)			Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)			
6/16/2003			1/1/2004	~~~	12/31/2004	
10. Transactions:			Previously Reported	l This Period	III Cumulative	
a. Total outlays]	0.00	
b. Refunds, rebates, etc.					0.00	
c. Program income used in accordance with the deduction alternative					0.00	
d. Net outlays (Line a, less the sum of lines b and c)			0.00	0.00	0.00	
	of net outlays, consisting of nethoutlays,				0.00	
f. Other Federal awards authorized to be used to match this award					0.00	
Program income used in accordance with the matching or cost sharing alternative				*****	0.00	
h. All other recipient outlays not shown on lines e, f or g					0.00	
i. Total recipier	i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	0.00	
j. Federal share	e of net outlays (line d less lin	e i)	0.00	0.00	0.00	
k. Total unliquid	dated obligations					
I. Recipient's share of unliquidated obligations				After the search district and desired and a second and a		
m. Federal share of unliquidated obligations						
n. Total Federal share (sum of lines j and m)			magnetismal and a six a		0.00	
Total Federal funds authorized for this funding period p. Unobligated balance of Federal funds (Line o minus line n)					49,603,917.00	
p. Unobligated	balance of Federal funds (Emi	e o minus line ny			49,603,917.00	
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			Control of the contro		300	
r. Disbursed program income using the addition alternative						
s. Undisbursed program income					1,182,125.06	
t. Total program	n income realized (Sum of line				1,182,125.06	
11. Indirect	a. Type of Rate (Place "X" i ☐ Provision		termined	■ Final	☐ Fixed	
Expense	b. Rate	c. Base	d. Total Amount	e. Federal Share		
governing legis	slation.	necessary or information requi		, .		
		owledge and belief that this n for the purposes set forth in t		nplete and that all outla	ys and	
Typed or Printed Nan Peter S. Kosins	ne and Title ki, Deputy Executive Di	rector		Telephone (Area code, number and extension) (518) 474-6236		
Signature of Authoriz		<u> </u>		Date Report Submitted		
and the second second	>			February 17, 2005	, І	

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Standard Form 269 (Rev. 7-97)